

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	2			1		
5	1		1			
6	1		1			
7	1		1			
8		1		1		
9	2			1		
10	2			1		
11	4			1		
12				1		
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TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←	17	←	17	←	←
TOTAL CLAIMS		20		20		20

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.	←	17	←	17	←	←
TOTAL CLAIMS		20		20		20